2010 Calendar Year



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Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by **5:00 p.m. on February 18, 2011.**Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

any questions about this form, your reporting requirer	ments, or now to report specific situation	ons.		
LEGI	SLATOR INFORMATION			
Name LAWRENCE BLISS		Office:		
Mailing address 504 COTTAGE ROAD	<b>&gt;</b>	District 7		
LAWRENCE BLISS  Mailing address  504 COTTAGE ROAD  City, zip cade  SOUTH PORTLAND	antitudes: em system statistics between exists a system techniques announces and paint our results (1939)	Phone 207.799.8229		
PART 1. INCOME DER	IVED FROM EMPLOYMENT BY ANG	OTHER		
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 (	or more. Specify the principal type of		
None				
Name of Employer	Address	Principal Type of Economic Activity of Employer		
		and the second s		
	ROM SELF-EMPLOYMENT OR LAW			
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major areas of econor essional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic		
None				
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)		
Name:	The state of the s	terrencement in a constitution of the constitu		
Address:				
Name:		The second secon		
Address:				

PART 2 (continued). INCOME DERIVED FROM	SELF-EMPLOYMENT
B. List each source of income derived from self-employment or law practice tha \$1,000, whichever is greater, and specify the principal type of economic activity income. If this form of disclosure is prohibited by law, rule, or an established code economic activity of the entity or person from whom the income was derived.	of the entity or person from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES OF I	NCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. E box.	Oo not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: MAINE DEPARTHENT OF LABOR	THE CONTRACT OF THE PROPERTY O
Name: MAINE DEPARTHENT OF LABOR  Address: 54 STATE HOUSE STATION  AUGUSTA, MAINE 04333	UNEMPLOYMENT
Name:	
Address:	
Name:	
Address:	:
PART 4. REPORTABLE LIABIL	ITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you re areas of economic activity of each creditor. Do not list credit card liabilities, education regulated financial institutions. If none, check the box.	eceived during the reporting period, and list the major nal loans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE GIF	TS
List the specific source of gifts received during the reporting period with an aggregate	value of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	THE RESIDENCE OF THE PROPERTY

PART		
PART 6.  List the source of any honoraria accepted for appearances	REPORTABLE HONORARIA	
None	or speeches. It none, check the box.	NATIONAL CONTROL TO THE STATE OF THE STATE O
Name of Source of Honoraria	A to a manufacture of the second of the seco	Source of Honoraria
makhir, nang miningan makan ma	ementes / - Availabring in the Alberta / - Angelen en particular accommission and a consideration and a co	OUICE OF HONOFARIA
1. 	<b>3.</b>	
		TEMERITARA DAMANIN'A (IMPROSTY MANGEO PROMATERE DIA TRADITIONA DA DIA CONTRACTOR AND
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	ES
List each executive branch agency before which you repre-	esented or assisted others for compensation	on of any amount. If none, check the
box.		
None		
Name of Agency	Nam	ne of Agency
1.	3.	Noote and provided the market of the first of the market of the second o
	:	
2.	4.	.инвакимосторовобомых избительников некономика в рессубствования политического в 1900 образования на населения
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	SINESS WITH STATE AGENCIES	
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sold goods	or services with a value in excess of
None	I dilaling member and the goods of service	es. Il none, check the box.
Name of Agency	Nam	e of Agency
1.	3.	C OI Agency
1.	<b>3.</b>	
2.	4	CDV/CIDMAGNAMINIMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
2.	4.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	AMILY
List the type of economic activity representing each source	e of income of \$1,000 or more received by	v your spouse or domestic partner or
dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only	nd of income represented. If your spouse	or domestic partner received income
not include gifts.	is the longing of dehenderic children, who re	celved income of \$1500 of thore, Do
Name of Coouge or Domestic Partner and Job Title	Type of Economic Activity	
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Kind of Income
Name: B. NOLAN McCoy  Job Title: OWNER	1. SMAN BUSINESS	1. EMPLOYMENT
Job Title: OWNER	2.	2.
	3.	3.
The control of the transfer of		ALLEGANDANAN MANAN M MALEGANDAN MANAN MAN
Dependent Child(ren) - Job Titles Only		
Job Title:		
		ECON ILAN ACTUAL INCIDENTALISMON PROPERTAMENTALISMON ANTALISMON ANTALISMON PROPERTAMENTALISMON ANTALISMON ANTALISM
Job Title:	:	
Job Title:		

		OFFICER OR DIRECTO			
held any office,	ifit or nonprofit corporation, firm, assoc , trusteeship, directorship, or position c ensated. If a family member listed, ind	of any nature. Indicate wheth	ner vou or a family held	d the position and w	diate family hether the posi
None		Today your relationship and the	ne name of the fairing	HIGHIDCI.	NATIONAL PROPERTY OF THE PROPE
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
	man and the state of the state		Select		Select
		THE PROFESSION AND ADMINISTRAL TO THE PROFESSION AND ADMINISTRATION AND ADMINISTRAL TO THE PROFESSION AND ADMINISTRATION AND ADMINISTRAL TO THE PROFESSION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINI	#ARRY #DOVENOUS COURSE		
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		And the Annual A	- Antiburgo puri e circo como e	en en transmitten de la companya de	
NOTE AND ADDRESS OF THE PARTY O			Select		Select
		No. of the Control of	Photo party of the	Tähai vallinuun vuotina va	
		SIGNATURE			
A Legislator wh	no willfully fails to file a required sta		e of up to \$100 (1.1	M P S A S 1017 A	
willfully filed a f	filing of a false statement is a Cla false statement, it shall refer its find	dings of fact to the Attorne	ey General. (1 M.R.	S.A. § 1019)	Legislator na
				, ate	
		ADDITIONAL INFORMAT	TION		
Please provide the information	e any additional information below n you are providing. Use additiona	(and on additional sheets I pages, if necessary.	s if needed). Indicat	e the part or secti	on number for
Part/Section				and the second seco	нэ <del>э мэхэгүйн Зваад</del> аа холтоонтоолчин адар х сорган
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